Missouri Department of Health and Senior Services
Child and Adult Care Food Program

Online Application Renewal Instructions

2007

Some information from your FY 2006 application is automatically repeated in the FY 2007 renewal application. **You must enter other information**. Follow these instructions carefully to submit your 2007 application.

Basic Renewal Steps

1. Log in at http://dhssweb04.dhss.mo.gov/cnp and choose 2007 program year.

2. The Sponsor Summary Sheet is displayed with the option to Add Sponsor Info Sheet. (make sure Applications tab is highlighted dark orange)

3. Click Add in the Action column.

4. Review fields 1-27 and 52-57 for accuracy. Make corrections as needed. Complete fields 28-51 (skip fields 31-35 and field 50)

5. Click Submit. Sponsor Information sheet will be "Pending Submission".

6. Click <u>Add</u> in Action column for Center Information Sheet

7. Choose appropriate type of center

8. Review fields 1-10 and 13-19 for accuracy. Make changes as needed. Complete fields 11, 12, 20-27, and 30-64.

9. Click Submit. Center Information sheet will be "Pending Submission".

10. ***If you are a sponsor of multiple sites, repeat steps 5-9 for each site**

11. Click on Packet tab to highlight dark orange.

12. A list of Off-Line forms will appear. Scroll to bottom of page and click where it says "Click here to Update Dates on Off-Line Forms". Enter the date that you mail each form that applies to you.

13. Check box above and to the left of Submit button, then click Submit. Before logging off, make sure status is "Pending Approval".

Check here and click on the "Submit" button below for Approval of applications.

Submit

14. If Sponsor or Center Information sheets have errors, the following screen will be displayed. Follow instructions to correct.

Post Confirmation

The **Center Information Sheet** was posted to the database with a status of **Errors Detected**.

The form entered failed to pass the edit process because of either incomplete or improper information. These errors must be corrected before the form can be approved by DHSS. Please return to the entry form to review the errors and make the necessary corrections.

Click here to go to the Center Information Sheet Listing or select another option from the menu above.

15. Click Edit in the Action column next to the sheet with errors.

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Sponsor Summary   **Big Fun, Inc. (83053)**

Packet	Applications	Claims	Payments	Users

Form Name		Revision	Status	Date Approved	Action
Sponsor Info Sheet		0	Pending Submission		View Edit Delete
Center Info Sheet					
BT83053-1 - CCC	Fundamentals	0	Errors		Add View Edit Delete
BT83053-2 - ASCS	Fundations	0	Pending Submission		Add View Edit Delete
BT83053-3 - HS	Funtastic	0	Pending Submission		Add View Edit Delete

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16. Errors are highlighted in red. Make corrections and re-submit.

Section 3 - Validation Errors

Field No.	Severity	Description
16	1	Cacfp Contact Phone number is required

Go to Section: 3

Cacfp Contact Person (for this program at this center)   **Center Director**

		First	MI	Last			First	MI	Last
(13) Name:	Ms.	Golden		Brown	(20) Name:	Ms.	Golden		Brown
(14) Title:	Director				(21) Title:	Director			
(15) E-mail:	gbrown@demo.net				(22) E-mail:	gbrown@demo.net			
(16) Phone:		(17) Ext:			(23) Phone:	(888) 555-1111	(24) Ext:		
(18) Fax:	(888) 555-1111	(19) Ext:			(25) Fax:	(888) 555-1111	(26) Ext:		

17. Last, but not least, click on the Users tab and make sure the users listed are still the people that you want to have access to the system. To delete a user, email us at CACFP@dhss.mo.gov. To add a user, complete a Network User Access Request form found at http://www.dhss.mo.gov/dnhs_pdfs/CACFP-web-access.pdf. Keeping this up to date is important to your security!

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Sponsor Summary   Big Fun, Inc. (83053)

Packet	Applications	Claims	Payments	Users
User Name	E-mail Address		Phone Number	Last Login
Kelly Green	kellygreen@trainingdemo.com		(814) 555-1111	9/16/2005

Explanation of Fields

Most fields are self-explanatory. Read here for explanation of certain fields.

Sponsor Information Sheet:

Field (27) If this information is incorrect, you must contact state office to make correction.

(27) Type of Sponsoring Authority: **Private - For Profit**   FEIN: 9889988

Field (28) You must check one. If you are a single center, check Independent Sponsor

(28) Sponsoring Type: ⊙ Independent Sponsor (One Center) ○ Sponsoring Organization

Fields (38 & 39) Enter correct dollar amounts based on your records.

(38) [41,500] Enter the total amount of Federal dollars (including CACFP) that your organization expended during your last complete fiscal year?
(If the amount is over $500,000.00, mail in a listing of federal grants and amounts received on the downloaded form.)

(39) [50,000] What is the total amount of Federal dollars (including CACFP) that your organization expects to spend during the fiscal year you are currently in?
(If the amount is over $500,000.00, mail in a listing of federal grants and amounts received on the downloaded form.)

Center Information Sheet:

Field (36) Overlap capacity is number of <u>extra</u> children you can care for over license capacity.

Field (37) License number should be a 9 digit number.

(34) Facility Capacity	35	(37) License Number	000151515
(35) Does your facility have overlap approval? ⊙ Yes ○ No		(38) Effective Date	1/5/2006
(36) Overlap Capacity	10	(39) Expiration Date	1/5/2007

Field (45) If for profit center eligibility is based on number of DFS paid children, check *Title XX For-Profit*. If eligibility is based on number of free and reduced price children, check *F/RP For Profit*.

Field (47) The number of Free/Reduced should equal the numbers in fields (12 A&B)

(45) Is this Center   ○ Title XX For-Profit   ⦿ F/RP For-Profit

(46) Title XX Beneficiaries [0]   (47) Free/Reduced [13]   (48) Eligibility **86.6%**

Enrollment Information

Program	(A) Free	(B) Reduced	(C) Paid	(D) Total	
(12) Child Care Center	10	3	25	38	

Fields (61-65) Complete only if Commercial Vendor is checked.

(60) Meal Preparation   ○ On Site   ○ Central Kitchen   ○ School   ⦿ Commercial Vendor

(61) For-Profit Centers   ○ Vendor Contract < $10,000.00   ⦿ Vendor Contract >= $10,000.00

(62) Not For-Profit Centers   ○ Vendor Contract < $100,000.00   ○ Vendor Contract >= $100,000.00

Contract Information

(63) Vendor Name   [Down Home Cookin']

(64) Contract Begin Date [7/1/06]   (65) Contract End Date [6/30/07]

Mail copy of current contract to DHSS